

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000938

Entity Name: ALERE INFORMATICS, INC.**Current Principal Place of Business:**2000 HOLIDAY DR, SUITE 500
CHARLOTTESVILLE, VA 22901**Current Mailing Address:**2000 HOLIDAY DR, SUITE 500
CHARLOTTESVILLE, VA 22901**FEI Number:** 54-1708417**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S, D
Name	CHINIARA, ELLEN
Address	51 SAWYER RD, SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	D, ASST. SECRETARY
Name	MCNAMARA, JAY
Address	51 SAWYER RD, SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	AS
Name	FISTER, III, JULIUS
Address	51 SAWYER RD, SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	VP
Name	BAGGA , SUDHIR
Address	51 SAWYER ROAD, SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	P
Name	SCHEU, PETER
Address	2000 HOLIDAY DR, SUITE 500
City-State-Zip:	CHARLOTTESVILLE VA 22901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAY MCNAMARA**ASSISTANT SECRETARY** 04/26/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date